

# THE ORGANIZATION OF INFANT MORTALITY WORK IN CLEVELAND, SHOWING THE RELATION BETWEEN A MUNICIPALITY, A BABIES' DISPENSARY AND A UNIVERSITY.<sup>1</sup>

By DR. H. J. GERSTENBERGER.

*Associate Professor of Pediatrics, Western Reserve University; Medical Director of the Babies' Dispensary and Hospital; Director of Department of Child Hygiene, Cleveland, Ohio.*

THE presentation of this subject is primarily due to the request and suggestion of the Foreign Hon. Secretary, Dr. Janet Lane-Claypon, who had an opportunity, while attending the last annual meeting of the American Association for the Study and Prevention of Infant Mortality, to personally inspect the infant mortality work in Cleveland; and, secondly, to the assumption that the story of how in Cleveland an ideal organization in the rough has gradually been developed might act as a precedent and stimulus to other communities, especially to those who at the first glance have no such possibilities, but who, nevertheless, have them in a latent form.

For every combat there exists an ideal plan which takes into consideration not only the needs of the present, but also those of the immediate future and distant future as well, and which accomplishes the best result with the least expenditure of time, energy and funds.

<sup>1</sup> Paper read at the Conference on Infant Mortality in London, August 5th, 1913.

JAN 1962

Besides such an ideal plan, however, there is as we all well and sadly know from experience, the practical plan of the moment, which means a plan that embodies as much of the ideal plan as is practical or politic at the time being.

Although no big work can be built without an ideal plan, yet the rapidity with which this ideal plan is fulfilled depends more upon the practical plan than upon the ideal plan itself. It is far more easy to make the ideal plan than the practical, for the simple reason that for the building of the former nothing more is necessary than a thorough knowledge of the causes of the conditions to be wiped out and the best means to remedy the same, and still better to prevent their occurrence altogether ; whereas for the development of the latter there is necessary, in addition to this thorough knowledge of the subject, a thorough acquaintance with all of the agencies of a community that might in the course of their routine work or otherwise, be helpful and useful in the actual campaign, and also the ability to choose the most opportune time and place to bring about this co-operation. This acquaintance with the various possibly helpful agencies of a community does not simply mean the knowledge of their individual names and the type of work they are doing, but implies a personal acquaintance with the individuals in charge, a knowledge of the ideals of their own work, a thorough inspection of their machinery and working methods, an attempt to view their work as well as one's own from their view point—*i.e.*, putting oneself in the other person's boots' and to see and plan how to help them—an attempt to view their work from one's own view point, and to see and plan how they can help, or even modify their own activities to be better able to aid without harming themselves and the general development of the community along health and social lines.

The success and the organization of a broad work in Cleveland is due far more to the accomplishment of

this practical plan than to that of any one ideal, although the latter has not been absent.

Before picturing Cleveland's progress in its infant mortality work, it will be well to briefly describe the environment in which this work was allowed to grow up.

Cleveland is a city 117 years old, and has a population of some 630,000 people. In 1900 its population was in the neighbourhood of 300,000. So its development into what we may call a large city has occurred rather recently, and this fact is the main reason why the most important of Cleveland's philanthropic health and social organizations are of comparatively recent birth, which again is responsible for the absence of hard and fast customs, practices and precedents, which we are told exist in the older larger cities and are a stumbling-block to those who wish to attempt intimate and efficient co-operation.

There is, however, another reason why co-operation and constructive work are comparatively easy in Cleveland, namely, the fact that practically all of Cleveland's important charities and social institutions are financed by a relatively small group of Cleveland's wealthy and well-to-do men and women, who are sincere in their purpose, who wish the same methods and soundness of principle employed that brought them success in business, and who are interested in the constructive development of the whole health and social field rather than one department of the same to the exclusion of the rest. How such a status of affairs is bound to promote rather than to handicap co-operation amongst the philanthropic health and social agencies can readily be understood.

Another important factor in making the environment for health and social work better in Cleveland than in most other cities is the awakened and advanced public opinion on health and social matters, and the high intelligence and personal interest of the men in political control of the municipality.

The first attempt to reduce the infant mortality of Cleveland began in 1902, with the formation of the Milk Fund Association by a public-spirited lady, Miss Edith Dickman, aided by her advisers, Drs. H. H. Powell and J. J. Thomas. During the first two summers the activity of this Association consisted in supplying modified milk to babies who were brought to the physician in charge for examination and treatment. No home visits were made, nor was an education of the mothers attempted. Owing to the great expensiveness of the modified milk but relatively few infants could be cared for, and the Association then decided to change its activity to one of supplying a good raw milk at a low price to anyone who applied. In order to be sure of a good supply of milk, Miss Dickman gained control of a farm and gradually developed therefrom a dairy farm producing from tuberculin-tested cows a milk with a low bacterial count. The development of the farm was a big accomplishment, but it was, of course, the only one, for owing to the lack of funds no investigations regarding the health and home surroundings of children receiving the milk could be made. This was the extent of the work until 1906, when the writer, after having had in 1905 the privilege to work in the newly opened Saeuglingsfuersorgestelle III. of the Schmidt-Gallische Stiftung in Berlin with the physician in charge, now Professor Salge of Strasburg, was asked by Dr. J. H. Lowman, the physician first among those of Cleveland interested in the prevention of disease by social improvement and education of the public, to attempt an improvement of the infant mortality work in Cleveland. He pointed out the existence of the Milk Fund Association and also that of the Visiting Nurse Association, an organization sending nurses into the homes of the sick and needy, and furthermore, the possibility of effecting a co-operation that might enable the establishment of an institution like the one the writer had described.

to him, which combined medical examination, supervision and directing of the work, nursing care and supervision, especially in the homes, together with the simple milk-station. This suggested co-operation was then effected, and on July 5, 1906, the Infants' Clinic of the Milk Fund Association and the Visiting Nurse Association was opened. In this co-operative plan the Milk Fund Association supplied the milk, both in bulk and in modified form, the Visiting Nurse Association the nurse to aid the physician in the clinic and to control and educate the mothers in the home, and Dr. J. J. Thomas and the writer gave their medical service.

This clinic was placed in the poorest, most populated part of the city, but in order to emphasize the great need of such work, patients from all parts of the city—provided that they were financially unable to supply their own physician—were admitted. The attendance grew rapidly, and so it became evident to all medical and lay people who had become intensely interested in the work of this little clinic that growing space had to be provided. This was accomplished mainly through the efforts of the much-lamented Dr. E. F. Cushing, who had long ago hoped and wished for a babies' hospital, and who now saw here the opportunity to awaken the interest necessary to establish this much-needed institution. In December, 1906, as a result of Dr. Cushing's efforts, the Babies' Dispensary and Hospital was incorporated to carry on and develop the work of the Infants' Clinic; ground was purchased and plans were drawn of a group of buildings consisting of a large dispensary and nurses' home, a hospital, an isolation house, and a milk laboratory. With April 1, 1907, the writer became medical director of the institution, gave up his practice and devoted his entire time to the development of the work. In May, 1907, one of the large frame houses on the purchased property was remodelled and used as a babies' dispensary, where

both well and ill infants were cared for. One of the rooms of this building was equipped and used as an emergency hospital for desperately ill babies for whom no beds were available at the time in any of the general hospitals of the city. Another reason for having this room was to emphasize the crying need of hospital beds for sick babies to the lay people interested in the work.

Two other rooms of this same building were used as the milk laboratory, where most of the milk used was put into quart and pint jars, where also milk was modified, poured into tubes and pasteurized for those infants who were very ill, and whose parents were for some reason—sickness, ignorance, too much work, &c.—unable to prepare the baby's food at home. At this stage the Milk Fund Association was still in existence, and inasmuch as it had set for itself the work of distributing good milk in pint and quart jars it carried the expense of this part of the milk laboratory. At a later date the Milk Fund Association voluntarily sought amalgamation with the Babies' Dispensary and Hospital, transferred all its possessions to the latter institution, and in its last report urged its supporters to now aid the Babies' Dispensary and Hospital as they had the Milk Fund Association in the past.

This amalgamation brought to the former the control of the dairy farm, which had, however, for some time been regularly supervised by the medical director of the Babies' Dispensary and Hospital as a trustee of the Milk Fund Association.

The work of the Babies' Dispensary grew with rapidity so that the large frame building became too small. For this reason and also for the more important one, to encourage more mothers to come with their well babies, branch dispensaries were opened in the most crowded districts of the city. These were most simple in their arrangement, which was possible because they were used for well babies only. (One

waiting-room, one examining and weighing-room, chairs, tables, stove and cupboard.) These were the Prophylactic Babies' Dispensaries, as they are called in Cleveland. Whenever an infant attending one of these dispensaries became ill it was sent to a private physician, or if its parents were too poor, to the Central Dispensary in the frame house. At this Central Dispensary the most of the work consisted in caring for ill infants, but well babies from the immediate district about it were also admitted.

During 1908 six branch dispensaries were opened and the city accordingly divided into seven districts—one district for each of the branch dispensaries, and one for the prophylactic work of the Central Dispensary.

The Central Dispensary acted as the clearing-house of the entire work, and was the hub of the wheel. The methods used by doctors and nurses in examining and caring for the patients, in solving social problems, etc., are the same in each dispensary. This important uniformity has been brought about by requesting both doctors and nurses to do duty at the Central Dispensary, in order to be eligible for duty at the branches. The nurses continue to keep in direct touch with the Central Dispensary by reporting there at a definite time every day, by being on duty there on certain days during the dispensary hours, and by attending a nurses' meeting once per week.

It is impossible at this place to go into the real detail of the organization, although there is nothing more important to the accomplishment of real work, especially by the nurses, than a system carefully worked out, supervised and constantly remedied to meet new needs and developments. In the work of establishing a system the writer has been materially aided by his ever ready and able superintendent of nurses, Miss H. L. Leet.

The scheme of centralizing as much of the work as possible was also carried out in the milk work. All

of the milk was bottled—as stated before about 90 per cent. in pints and quarts and 10 per cent. in modified tubes—at the Central Milk Laboratory and delivered from here, at first per hand-cart, then per horse and wagon, and finally per automobile, to sub-stations which were in grocery stores, drug stores, meat shops, &c., near the homes of groups of patients. The orders and prescriptions for milk were telephoned daily at about noonday to the Milk Laboratory by the nurses in charge of the branch dispensaries. They were enabled to do this because the branch dispensaries (prophylactic babies' dispensaries) were open in the forenoon. This had the further advantage that patients found ill at the branch in the morning could be sent to the Central Dispensary, which was open during the afternoon. This arrangement further made it possible for the nurses to be on duty at the Central Dispensary, to accompany the sick patients there and to keep in touch with the so-called sick-work—an important factor in keeping up the interest of the nurses in their difficult work.

The material at the Central Dispensary was also used for teaching medical students. This was instituted by Dr. E. F. Cushing, Professor of Pædiatrics at the Western Reserve University, who ordered that the seniors receive their practical training in the diseases of infants at the Central Dispensary, and who placed the medical director of the Babies' Dispensary on the University teaching staff, and entrusted to him the teaching of nutritional disturbances and infant feeding, and so established a connection with the medical school.

The character and development of the work during the next two years made it seem advisable to build, if the money was not ample for the erection of the entire group, at first the dispensary and milk laboratory rather than the hospital. This was the plan followed and in the spring of 1910 the present Central Dispensary and Milk Laboratory were built as a memorial

to Mrs. Anna R. Wade, mother of the donors, Mr. and Mrs. J. H. Wade.

From the very beginning of the work numerous lectures on the causes of infant mortality and the means to prevent them were given in popular form all over the city, wherever an audience could be obtained. This is mentioned because this activity undoubtedly made many individuals acquainted with the Association's work, and thereby helped make friends for the institution's cause.

The public press also became interested and was so well managed by our superintendent of nurses, Miss Leet, that, when in 1911 it was found that the City Council had \$10,000.00 in its treasury to be used in some profitable manner, it voluntarily began a campaign that not only gave the \$10,000.00 to the Board of Health for infant mortality work, but also made the Babies' Dispensary advisors to the former in the manner of the application of the funds, and ended in establishing a department of child hygiene at the Board of Health with the Medical Director of the Babies' Dispensary and Hospital as director thereof. This established a direct relation between the municipality and the private philanthropy.

As soon as the money was available five new prophylactic babies' dispensaries were opened by the Board of Health, which assumed the same relation to the Central Dispensary of the Babies' Dispensary and Hospital as did the regular branch dispensaries of the latter. So at this time, July 1911, Cleveland had eleven prophylactic babies' dispensaries and one central dispensary, the latter acting as the hub of the entire work and caring for all of the sick, and for the well babies of its immediate district. After an elapse of three months it was found that at the close of the year money would still remain in the treasury of the department of child hygiene. So five of the branch dispensaries of the Babies' Dispensary and Hospital were transferred to the Board of Health, now

making ten prophylactic dispensaries in charge of the Department of Child Hygiene. During the first half of 1912 the last branch of the Babies' Dispensary and Hospital was transferred to the Department of Child Hygiene, and in July, 1912, the budget of the latter was increased sufficiently to permit the addition of two more, making a total of thirteen, and at the present writing the total will have increased to fifteen. The two prophylactic babies' dispensaries opened by the Department of Child Hygiene in July 1912, were placed in the immediate neighbourhood of the Central Dispensary of the Babies' Dispensary and Hospital, in order to entirely relieve the latter of its "well work" at the Central. This arrangement gave to the Department of Child Hygiene all of the prophylactic work, and to the Babies' Dispensary and Hospital all of the "sick" work, and so markedly increased the value of the Central Dispensary as a teaching place for medical students in the diseases of infants and young children.

The transference of its six branch dispensaries to the Board of Health enabled the Babies' Dispensary and Hospital to apply its funds to the development of other weapons in the fight for the betterment of infant life. An enumeration of these will suffice :

(1) A nurse devoting her entire time to the prevention of blindness by answering calls to infants with sore eyes, and seeing to it that they receive proper attention at the hands of competent physicians.

(2) A boarding home system of one child per home, one nurse devoting her entire time to developing proper homes and controlling them, and the children they accept and care for.

(3) A nurse devoting part of her time to demonstrate to the Board of Education the possibility of teaching infant hygiene to the seventh and eighth grade girls of the grammar schools.

(4) A nurse devoting her entire time to teaching and training nurses in this special work.

(5) The operation of the babies' ward of the

Children's Fresh Air Camp, another philanthropic institution caring for children during the summer months, in conjunction with this institution.

Of the above the nurse doing ophthalmia neonatorum work has been transferred to the Department of Child Hygiene. Still another has been added by this department, and a third delegated to it by the State Commission for the Care of the Blind, to control midwives and help care for children and adults having dangerous eye diseases.

That there is no one-sided co-operation between the Department of Child Hygiene and the Babies' Dispensary and Hospital, to the advantage of the latter, is proven by the fact that all of the milk used at the Board of Health Prophylactic Babies' Dispensaries is supplied by the Babies' Dispensary and Hospital. In this connection it may be stated that the Municipality will, in all probability, produce its own milk in the near future, inasmuch as it owns and is developing a farm of some 2,000 acres just outside of the city limits.

From the description so far given, it is already clear that the *rôle* played by the Babies' Dispensary and Hospital as a philanthropic institution has been one of pioneering, demonstrating and proving the need and value of certain measures; that of the Municipality of accepting weapons found sound and able, and using them to the fullest degree possible in the fulfilling of one of its most important duties—the protection of the health of its infant population.

The Babies' Dispensary early in its life insisted upon the entire time of its medical director, and so gave the latter the opportunity to keep in touch with the progress in scientific paediatrics, and this fact more than any other is responsible for the respect that the institution enjoys amongst the important medical men, the respect that has enabled it not only to intimately co-operate with the Municipality, but with the Medical Department of the Western Reserve University as well.

The climax in the co-operation with the latter came with the beginning of the school year 1912-13, when the writer, after becoming the successor of Dr. Cushing at the Medical School, succeeded in having eight hours placed upon the *compulsory* curriculum of the senior year for practical training in the social medicine pertaining to infant mortality work. This training consists in demonstrating and explaining in detail the work of the physician and nurse in the Central Dispensary of the Babies' Dispensary and Hospital, in a prophylactic babies' dispensary, and in the "blind" and "midwife" work of the Board of Health, in the home of a patient, in one of the Babies' Dispensary and Hospital boarding homes, and in the co-operation with various philanthropic associations, as the Associated Charities (material relief), Humane Society, Juvenile Court, Tuberculosis Dispensary, Department of Housing and Sanitation of the Board of Health, Visiting Nurse Association, Day Nursery Association, Blind, &c. Besides the eight hours devoted to this social medical work an additional eight are spent in the milk laboratory of the Babies' Dispensary and Hospital, where under direction the students personally prepare the various foods. One or two lectures on the general aspect of infant mortality work are given in the course of the regular lectures on paediatrics.

From this brief description it can be seen how the University has been given the advantage of using the teaching facilities of a philanthropic institution, the Babies' Dispensary and Hospital, of a municipal institution, the Department of Child Hygiene of the Board of Health; and on the other hand the Municipality and Babies' Dispensary have the satisfaction and pleasure of knowing that they are helping to bring about a better training of medical men. And what is of greater importance both to the work and to the medical profession itself than the thorough training of the future advisors of the mothers and of the nation in preventive health measures?

## DIAGRAM I.

PRESENT ACTIVITIES OF BABIES' DISPENSARY AND HOSPITAL, BOARD OF HEALTH, AND WESTERN RESERVE UNIVERSITY, CO-OPERATING IN THE REDUCTION OF INFANT MORTALITY IN CLEVELAND.

### *Director of Entire Work.*

<p><b>BABIES' DISPENSARY AND HOSPITAL.</b>  <i>(Medical Director.)</i></p> <p>Central dispensary for ill infants and young children.</p> <p>Central milk laboratory supplying needs of Babies' Dispensary and Hospital and Board of Health.</p> <p>Training of medical students by practical experience with ill infants.</p> <p>Training of medical students in milk laboratory.</p> <p>Training of nurses of Department of Child Hygiene and of special classes.</p> <p>Boarding home system—one child per home.</p> <p>Teaching of infant hygiene in public schools.</p> <p>Popular educational lectures.</p> <p>Outdoor ward during summer months.</p> <p>Babies' ward of Children's Fresh Air Camp (summer).</p> <p>Wet-nurse bureau.</p> <p>Sewing-classes for mothers (Prophylactic Babies' Dispensaries, Department of Child Hygiene).</p>	<p><b>BOARD OF HEALTH.</b>  <i>(Director of Department of Child Hygiene.)</i></p> <p>Thirteen prophylactic babies' dispensaries.</p> <p>Two nurses for ophthalmia neonatorum work.</p> <p>One nurse for control of midwives and neglected eye cases of older children and adults.</p> <p>Use of Prophylactic Babies' Dispensaries and of ophthalmia neonatorum material for teaching medical students and nurses.</p> <p>Use of Prophylactic Babies' Dispensaries for mothers' sewing-classes in conjunction with Babies' Dispensary and Hospital.</p>	<p><b>WESTERN RESERVE UNIVERSITY.</b>  <i>(Associate Professor of Pediatrics.)</i></p> <p>Training of medical students in diseases of infants, especially nutritional disturbances, infant feeding, preparation of various foods at milk laboratory of Babies' Dispensary and Hospital; general aspect of infant mortality work, and special parts of it by practical experience in machinery of Babies' Dispensary and Hospital, and Department of Child Hygiene, Board of Health.</p>
--	--	---

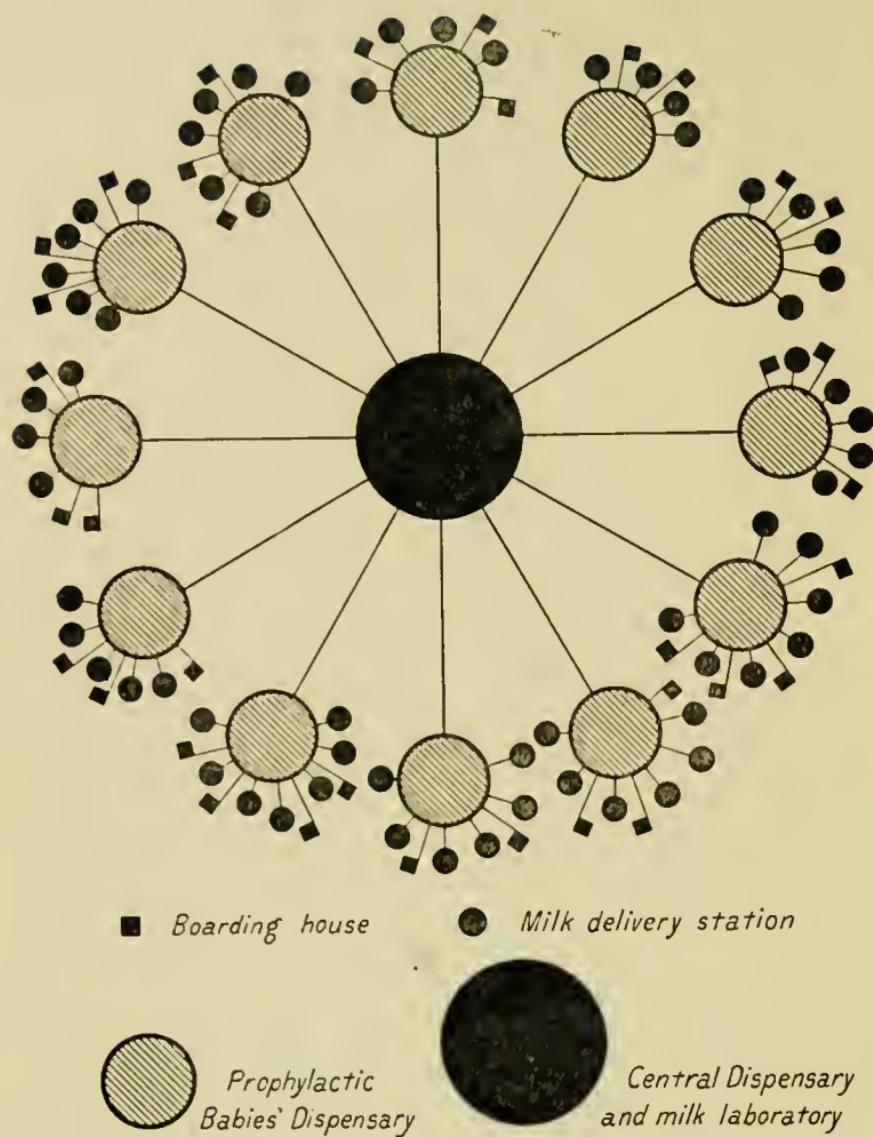


DIAGRAM II.

Showing the co-operation between the Babies' Dispensary and Hospital and the Department of Child Hygiene, Board of Health, in the operation of 1 central dispensary and milk laboratory, 60 + milk delivery stations, and 35 + boarding homes of the former, and 12 + prophylactic babies' dispensaries of the latter.

As a brief means of recapitulation the accompanying diagrams show the working scheme as it to-day exists between the Babies' Dispensary and Hospital, the Department of Child Hygiene of the Board of Health, and the Department of Pædiatrics of the Western Reserve University.

In this brief sketch it has, of course, not been possible to picture all of the various co-operative activities in Cleveland's infant mortality work, and, therefore, it will be in order to simply state that in carrying out the work planned to improve the chances of the infants the older children and adults are not being overlooked. On the contrary, they are being considered quite as much as the infants, especially by the nurse who continually comes in contact with them in the home, and are when in danger or already ill referred to the proper authorities for aid and advice.

The great importance of the infant mortality work does not lie solely in the improvement of the chances for the infants, but for those of the adults as well. The infant simply is a more sensitive and delicate indicator, and that is why there is ample justification in attaching the greatest importance to the work that has as its first aim the prevention of sickness amongst infants and children.



Hist  
RJ71  
G47  
1931  
locked

